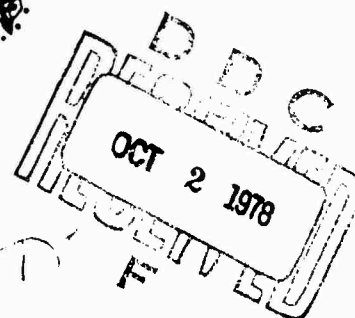


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**LEVEL**  
**OCCUPATIONAL SURVEY REPORT.**



MENTAL HEALTH CLINIC AND MENTAL HEALTH  
WARD SPECIALTIES,

AFSCs 91430, 91450, 91470, 91431, 91451, 91471, 91491

AFPT-90-914-311

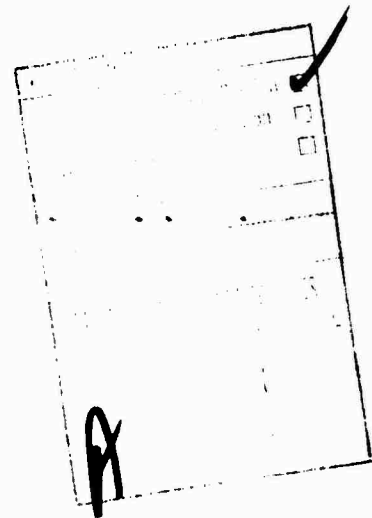
JULY-1978

OCCUPATIONAL SURVEY BRANCH  
USAF OCCUPATIONAL MEASUREMENT CENTER  
LACKLAND AFB TEXAS 78236

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## PREFACE

This report presents the results of a detailed Air Force Occupational Survey of the Mental Health Clinic and Mental Health Ward Specialties (AFSCs 91430, 91450, 91470, 91431, 91451, 91471, and 91491). The project was directed by USAF Program Technical Training, Volume 2, dated July 1976. Authority for conducting occupational surveys is contained in AFR 35-2. Computer outputs from which this report was produced are available for use by operating and training officials.

The survey instrument was developed by Mr. Robert L. Alton, Inventory Development Specialist. Captain J. Roger Johnson analyzed the survey data and wrote the final report. This report has been reviewed and approved by Lt Col Jimmy L. Mitchell, Chief, Airman Career Ladders Analysis Section, Occupational Survey Branch, USAF Occupational Measurement Center, Lackland AFB, Texas, 78236.

Computer programs for analyzing the occupational data were designed by Dr. Raymond E. Christal, Occupational and Manpower Research Division, Air Force Human Resources Laboratory (AFHRL), and were written by the Project Analysis and Programming Branch, Computational Sciences Division, AFHRL.

Copies of this report are available to air staff sections, major commands, and other interested training and management personnel upon request to the USAF Occupational Measurement Center, attention of the Chief, Occupational Survey Branch (OMY), Lackland AFB, Texas 78236.

This report has been reviewed and is approved.

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## SUMMARY OF RESULTS

1. Survey Coverage: The Mental Health Clinic (914X0) and Mental Health Ward (914X1) job inventory was administered during the period November 1977 through April 1978. Survey results are based on responses from 415 of the 544 incumbents assigned to the 914X0/914X1 specialties, representing 76 percent of the members in these specialties.
2. Specialty Structure: Ninety-four percent of the survey respondents comprised three major job groups. One major group was composed almost entirely of clinic personnel who primarily worked in outpatient settings and performed specialized clinic functions, psychological testing, and psychiatric social work functions. Another major group was composed almost entirely of ward personnel who primarily worked in inpatient settings and performed nursing functions and specialized and general ward procedures. The third group was composed of some of the 7- and 9-skill level personnel from both the 914X0 and 914X1 specialties who performed mostly supervising functions. These groupings clearly supported the current specialty structure.
3. DAFSC and Experience Differences: Personnel holding the 914X0 and 914X1 AFSCs performed very different job functions. Of 414 tasks, only ten were common to both specialties. Within each specialty, the 3- and 5-skill level personnel performed mostly technical jobs while most 7-skill level personnel performed both technical and supervisory tasks. A few 7-skill level incumbents and all 9-skill level personnel held jobs which are almost exclusively supervisory. Very similar conclusions were noted in an analysis by experience levels (i.e., time in specialty and TAFMS).
4. AFR 39-1 Analysis: The AFR 39-1 specialty descriptions generally gave a thorough and accurate picture of the skill level duties for each specialty. One notable exception was the exclusion from the 914X0 specialty description of several therapy related functions which were found to be performed by a majority of specialty personnel.
5. STS Analysis: The Specialty Training Standards (STSs) for each specialty were found to be excellent supporting documents. Both documents accurately described the tasks and jobs performed by the respective skill level groups or reported in the survey.
6. Comparison to Previous Survey: Comparison of the current findings to the 1973 survey for the 914X1 specialty revealed that the basic job of the specialty has remained relatively stable and that the specialty has become more homogeneous in the performance of the various duties. For the first time, the current survey did identify personnel specifically involved with drug and alcohol rehabilitation. No previous survey has been accomplished for the 914X0 specialty.

OCCUPATIONAL SURVEY REPORT  
MENTAL HEALTH CLINIC AND MENTAL HEALTH WARD SPECIALTIES  
(AFSCs 91430, 91450, 91470, 91431, 91451, 91471, 91491)

INTRODUCTION

↓ This is a report of an occupational survey of the Mental Health Clinic (AFSCs 914X0) and the Mental Health Ward (AFSCs 914X1) specialties completed by the Occupational Survey Branch, USAF Occupational Measurement Center, during July 1978. While this is the first survey of the 914X0 specialty, a previous occupational survey for the 914X1 specialty was published in December 1973.

The mental health specialties have remained relatively stable for more than ten years, with only a change of name in 1973 from "Psychiatric" to "Mental Health". Personnel generally enter the Mental Health Clinic specialty via directed duty assignment (DDA) after basic military training or by crosstraining from another specialty. Entry into the Mental Health Ward specialty is usually through attendance at the J3ABR91431 - Mental Health Ward Specialist course taught at the School of Health Care Sciences at Sheppard AFB, Texas. All personnel entering either of the specialties require certification by a Director of Base Medical Services. Currently the mental health specialties have a relatively balanced personnel manning as reported in the USAF Retraining Advisory of 1 January 1978.

↓ This report will basically address four areas: (1) development and administration of the survey instrument; (2) the job structure found within the Mental Health specialties and how this relates to skill level and experience level groups; (3) comparisons of the job structure with current specialty documents such as the AFR 39-1 Specialty Descriptions and the Specialty Training Standard (STS); and (4) comparison of the current findings of the 914X1 specialty to the 1973 survey.



INVENTORY DEVELOPMENT

The data collection instrument for this occupational survey was USAF Job Inventory AFPT 90-914-311 which was developed in part from the 1973 914X1 inventory. As a starting point, the 914X1 tasks from the previous inventory were reviewed and revised after thorough research of specialty publications and directives. In addition, 914X0 tasks were developed. From this process, a new tentative task list was made up. Inventory developers then conducted personal interviews

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with 16 subject matter specialists at three facilities to review the tentative task list for completeness and accuracy. After making any necessary revisions, this task list was then sent out to 44 experienced mental health technicians at operational bases in the field for their written review. This process resulted in a final inventory of 414 tasks grouped under 13 duty headings and a background section that included information about the respondents such as grade, TAFMS, duty title, and job interest.

## INVENTORY ADMINISTRATION

During the period November 1977 through April 1978, consolidated base personnel offices in operational units worldwide administered the inventory to job incumbents holding DAFSCs 914X0 and 914X1. These job incumbents were selected from a computer generated mailing list obtained from personnel data tapes maintained by the Air Force Human Resources Laboratory (AFHRL). Each individual who completed the inventory first completed an identification and biographical information section, and then checked each task performed in their current job.

After checking all tasks performed, each incumbent then rated each of these tasks on a nine-point scale showing relative time spent on that task as compared to all other tasks checked. The ratings ranged from one (very-small-amount time spent) through five (about-average time spent) to nine (very-large amount time spent). To determine relative time spent for each task checked by a respondent, all an incumbent's ratings are assumed to account for 100 percent of his or her time spent on the job and are summed. Each task rating is then divided by the total task responses and the quotient multiplied by 100. This procedure provides a basis for comparing tasks not only in terms of percent members performing but also in terms of average percent time spent.

## SURVEY SAMPLE

Personnel are selected to participate in this survey so as to insure a balanced representation across MAJCOM and DAFSC groups. Table 1 reflects the percentage distribution, by major command, of assigned personnel in the specialties as of 7 December 1977. Also reflected is the distribution, by major command, of incumbents in the final survey. . . sample: The 415 respondents making up the final sample represent 76 percent of the 544 members assigned to the mental health specialties.

Tables 2 and 3 reflect distribution of the survey sample in terms of DAFSC and TAFMS groups. As shown, the 91430 response rate of 94 percent is higher than any other DAFSC group. It should be noted that both specialties merge at the 9-skill level. The lower response rate for the 9-skill level group is characteristic of 9-skill level response rates in general. With only three of eight 91491 incumbents in the final

sample, realistic generalizations could not be made for the 9-skill level; thus, data for this group will not be analyzed.

With the exception of the 9-skill level group discussed above, this sample appears to be a balanced, representative sample of all commands, DAFSC groups, and TAFMS groups.

TABLE 1  
COMMAND REPRESENTATION OF SURVEY SAMPLE

COMMAND	914X0		914X1	
	PERCENT OF ASSIGNED	PERCENT OF SAMPLE	PERCENT OF ASSIGNED	PERCENT OF SAMPLE
AFSC	17	15	20	15
MAC	12	10	21	20
ATC	11	11	22	24
SAC	18	17	4	4
USAFE	11	10	9	10
PACAF	6	7	13	15
AFLC	7	9	8	7
TAC	13	13	-*	1
AAC	1	2	3	4
OTHER	4	6	-	-
TOTAL	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

	<u>914X0</u>	<u>914X1</u>	<u>TOTAL</u>
NUMBER ASSIGNED	266	278	544
NUMBER SAMPLED	215	200	415
PERCENT SAMPLED	80%	72%	76%

- \* = LESS THAN ONE PERCENT

TABLE 2

## DAFSC DISTRIBUTION OF SURVEY SAMPLE

<u>DAFSC</u>	<u>NUMBER ASSIGNED</u>	<u>NUMBER SAMPLED</u>	<u>PERCENT OF ASSIGNED SAMPLED</u>
91430	32	30	94%
91450	169	127	75%
91470	65	57	88%
91431	46	31	67%
91451	193	141	73%
91471	31	23	74%
91491	8	3	38%

TABLE 3

## TAFMS DISTRIBUTION OF SURVEY SAMPLE

	<u>MONTHS TIME IN SERVICE</u>					
	<u>1-48</u>	<u>49-96</u>	<u>97-144</u>	<u>145-192</u>	<u>193-240</u>	<u>241+</u>
914X0						
<u>NUMBER IN SAMPLE</u>	147	46	14	2	4	1
<u>PERCENT OF SAMPLE</u>	69%	21%	7%	1%	2%	-*
914X1						
<u>NUMBER IN SAMPLE</u>	137	36	10	6	6	3
<u>PERCENT OF SAMPLE</u>	69%	18%	5%	3%	3%	2%

- \* = LESS THAN ONE PERCENT



## SPECIALTY STRUCTURE

This occupational analysis of the mental health specialties identified the major types of work being performed by specialty incumbents by examining both the job descriptions and background data of each major job group. This analysis is made possible by the Comprehensive Occupational Data Analysis Programs (CODAP). The CODAP programs generate a number of statistical products used in the analysis of the specialties. The primary product is a hierarchical clustering of all jobs based on the similarity of tasks performed and relative time spent. By utilizing job structure as a starting point, it is possible first to describe the job structure of the specialties as it presently exists and to formulate an understanding of current utilization patterns within the specialties. This information is then used to examine the accuracy and completeness of the present specialties' documents (AFR 39-1 Specialty Descriptions and Specialty Training Standards).

The job structure of the mental health specialties consists of three major groups. Based on relative time spent and task similarity, the most realistic division of the jobs performed within the mental health specialties was determined to be that illustrated in Figure 1. The three major groups identified were as follows:

- I. Mental Health Clinic Personnel (N=181)
- II. Mental Health Ward Personnel (N=196)
- III. Mental Health Supervisors (N=13)

Ninety-four percent of the incumbents in the sample were found to perform jobs within the three groups listed above. The remaining six percent of the sample included members whose jobs were not associated with any of these major groupings and who did not form into any recognizable job groups. For example, one ward technician who spent an exceptional amount of time exclusively on the training duty at the School of Health Care Sciences did not fall into any of the identified groups while other instructors did.

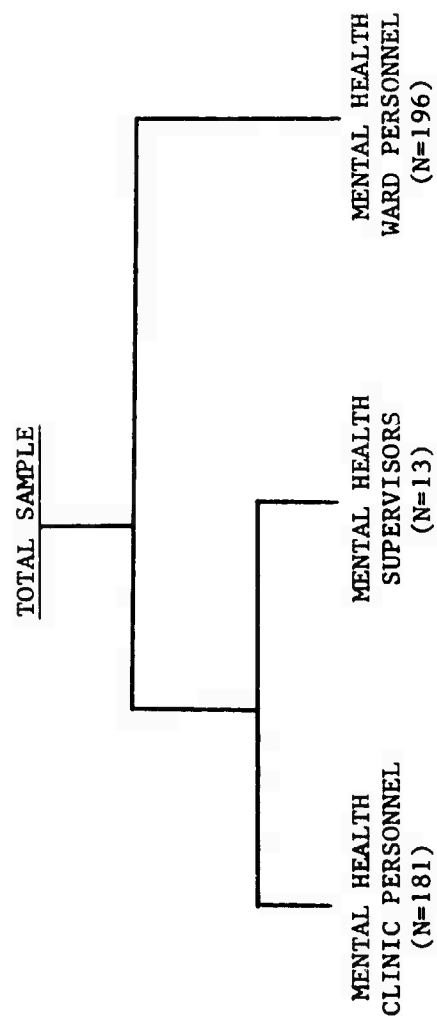
### Group Descriptions

The following paragraphs contain brief descriptions of the three major groups which constitute the mental health specialties. Tables 4 and 5 reflect background information on each of the three groups, while Appendix A lists representative tasks performed by each group.

- I. Mental Health Clinic Personnel (N=181). Ninety-seven percent of this group was comprised of 914X0 personnel. They primarily worked in outpatient settings and were distinguished through their performance of specialized clinic functions, psychological testing, and psychiatric

FIGURE 1

MENTAL HEALTH SPECIALTIES STRUCTURE



social work functions. In addition, they performed various administrative and therapy or therapy related procedures. Common tasks performed under professional direction included administering and scoring the MMPI, maintaining clinic records and appointment books, screening records, establishing patient rapport, taking patient histories, recording patient behavior, and performing individual therapy.

While the above mentioned duties and tasks defined the common job performed by the group as a whole, several subgroups were identified based on varying amounts of time spent on the different duties and tasks. For example, some subgroups spent a great deal of time on administrative and receptionist tasks while others spent considerably more time on testing tasks. A review of the background data for each subgroup did not disclose any pattern to the subgroupings in regards to skill level, grade, time in service, education level, or size of facility. Further, an attempt to match the subgroups to participation in special programs (e.g. Air Force Medical Evaluation Test Program or Alcohol Programs) proved unsuccessful. The overall performance of duties by personnel in such special programs was very similar to that of personnel in general clinics. Thus, special program personnel grouped together, not with themselves, but with other general clinic personnel. Subsequent discussions with field personnel revealed that the difference between the subgroups was probably due to the type (i.e. psychiatrist, psychologist, or social worker), number, and philosophy of the professional staff available in the clinic and how that professional staff chose to manage the technicians assigned. Consequently, the tasks performed by members of any subgroup varied with changes in the composition of the profession staff. Since the differences between subgroups were due to factors that changed without affecting the overall mental health clinic function, separate reporting of the subgroups was not deemed useful.

The clinic group had considerably more total active federal military service (TAFMS) and fewer persons in their first enlistment than did the ward group. That fact reflected the large percentage (43 percent) of experienced personnel who had transferred to the clinic specialty from other specialties. However, the average time in the career field (45 months) was essentially the same as for the ward personnel. The clinic personnel also reported nearly three years of post-high school education on the average, about 2 years more than that reported by ward personnel. Job interest and utilization of talents were quite high, running, respectively, 17 and 16 percent higher than that reported by other medical specialties surveyed during 1976 and 1977. Utilization of training and reenlistment intentions were on par with other medical-related specialties.

11. Mental Health Ward Personnel (N=196). Ninety-three percent of this group was comprised of 914X1 personnel. They primarily worked in inpatient settings and were distinguished by their performance of nursing functions and specialized and general ward procedures. In addition, they performed various administrative and therapy-related

procedures. Common tasks included taking and recording blood pressures, temperatures, respirations, weights, and pulses; preparing admission nursing notes and assembling patient charts; preparing laboratory or x-ray forms; establishing patient rapport and recording patient behavior; and participating in individual or group therapy for ward patients.

The ward personnel comprised a much more homogeneous group than did clinic personnel. While subgroups were identified within the cluster (e.g. personnel working in drug/alcohol programs and first-line supervisors performing supervisory tasks in addition to technical tasks), all personnel performed essentially the same job with varying percentages of time spent on the different functional areas.

Job interest and utilization of talents for the mental health ward personnel was also high, 14 and ten percent higher than that reported by other medical-related specialties survey during 1976 and 1977.

III. Mental Health Supervisors (N=13). This group was composed of 7- and 9-skill level personnel from both the 914X0 and 914X1 specialties. They were distinguished by their spending more than three-fourths of their time on the duties of directing and implementing, inspecting and evaluating, organizing and planning, training, and performing administrative and record keeping procedures. Common tasks included conducting or participating in staff meetings, counseling subordinates, drafting correspondence, writing APRs, preparing SOPs, determining training requirements, evaluating administrative forms, files, or procedures, and establishing requirements for space, personnel, equipment or supplies. While two separate subgroups of clinic and ward supervisors were identified, the differences between these two subgroups were minor. Basically, both subgroups performed the same upper-level supervisory functions.

It should be noted that this group contained only 13 of the 82 7- and 9-skill levels in the survey sample. The remaining 70 upper-level NCO's clustered with either the Mental Health Clinic or Mental Health Ward personnel groups since many of their tasks were more technical in nature rather than supervisory.

Job interest was somewhat lower than the other two groups, with 77 percent finding their job interesting.

### Summary

The groups in this analysis broke out remarkably well along DAFSC lines. The clinic personnel worked predominantly in outpatient settings performing specialized clinic functions, psychological testing, and psychiatric social work functions while the ward personnel worked predominantly in inpatient settings doing nursing functions, and specialized and general ward procedures. Upper-level NCOs grouped together

on the basis of their performance of common supervisory and management duties. The picture that emerged tended to validate the existing Air Force classification structure of separate ladders for these mental health specialties.

TABLE 4  
SELECTED BACKGROUND INFORMATION FOR JOB GROUPS

	<u>MENTAL HEALTH CLINIC PERSONNEL</u>	<u>MENTAL HEALTH WARD PERSONNEL</u>	<u>MENTAL HEALTH SUPERVISORS</u>
AVERAGE TIME IN CAREER FIELD (MONTHS)	45	44	134
AVERAGE TOTAL ACTIVE FEDERAL MILITARY SERVICE TIME (MONTHS)	87	50	217
PERCENT MEMBERS IN FIRST ENLISTMENT	48%	70%	-*
AVERAGE EDUCATION LEVEL (YEARS)	14.6	12.9	14.8
AVERAGE NUMBER OF TASKS PERFORMED	90	110	76
AVERAGE NUMBER OF PERSONS SUPERVISED	1	1	5
DAFSC 91430	13%	1%	-
DAFSC 91450	59%	5%	-
DAFSC 91470	25%	1%	54%
DAFSC 91431	-	15%	-
DAFSC 91451	1%	69%	-
DAFSC 91471	1%	9%	31%
DAFSC 91491	1%	-	15%

- \* = LESS THAN ONE PERCENT

TABLE 5  
JOB SATISFACTION INFORMATION FOR JOB GROUPS  
(PERCENT MEMBERS RESPONDING)

	<u>MENTAL HEALTH CLINIC PERSONNEL</u>	<u>MENTAL HEALTH WARD PERSONNEL</u>	<u>MENTAL HEALTH SUPERVISORS</u>
JOB INTEREST			
DULL	5	6	23
SO-SO	6	10	0
INTERESTING	87	84	77
NO REPLY	2	0	0
UTILIZATION OF TALENTS			
NOT AT ALL OR VERY LITTLE	13	20	23
FAIRLY WELL OR BETTER	86	80	77
NO REPLY	1	0	0
UTILIZATION OF TRAINING			
NOT AT ALL OR VERY LITTLE	16	16	23
FAIRLY WELL OR BETTER	83	84	77
NO REPLY	1	0	0
REENLISTMENT INTENTIONS			
NO, OR PROBABLY NOT	44	50	46
YES, OR PROBABLY YES	56	50	54
NO REPLY	0	0	1

## ANALYSIS OF DAFSC GROUPS

In conjunction with the analysis of the mental health specialties job structure, DAFSC groups were examined for general trends or patterns. Table 6 presents the relative amount of time spent by members of each DAFSC group on tasks within each of the duty areas listed in the job inventory. The relative percent time spent is summed across tasks to give a picture of major areas, i.e. duties. For clarity and brevity within this narrative, these duties have been grouped into four major categories.

### Mental Health Clinic Specialty (914X0)

The 3- and 5-skill level personnel were primarily involved with psychological testing, specialized clinic functions, administrative and record keeping procedures, therapy and therapy related procedures, and psychiatric social work functions. Seventy-nine percent of their time was spent on such tasks as administering and scoring the MMPI, scheduling clinic appointments, maintaining mental health clinic records, establishing patient rapport, and screening medical or other records. The 3- and 5-skill level clinic respondents performed about 75 tasks on the average.

At the 7-skill level, respondents performed the same technical tasks as the lower skill levels and such additional supervisory tasks as counseling subordinates, writing APRs, and drafting correspondence. More 7-skill level members perform specialized clinic functions such as outpatient supportive individual therapy and the development of therapy plans for clinic patients. They spent less time on the administrative tasks such as maintaining clinic records, maintaining appointment books, and assembling patient charts and less time on the psychological testing duty in general. On the average 7-skill level respondents performed 107 tasks, 32 more than the lower skill levels. Most of this increase was due to the additional supervisory responsibilities.

### Mental Health Ward Specialty (914X1)

The 5-skill level ward personnel were primarily involved with performing administrative and record keeping procedures, specialized ward procedures, therapy or therapy related procedures, and nursing procedures. Seventy-nine percent of their time was spent on such tasks as assembling patient charts, stamping addressograph data on medical forms, conducting individual or one-to-one therapy with ward patients, establishing patient rapport, and taking and recording respirations, blood pressures, temperatures, and pulses. The 5-skill level ward respondents performed an average of 109 tasks.

The 7-skill level respondents performed the same technical functions as the 5-levels but spent considerably more time on such supervisory activities as establishing work priorities, counseling subordinates, evaluating compliance with work standards, and maintaining training records, charts, or graphs. The increased time expended for supervision results in less time spent on other duties generally. The average number of tasks performed for the 7-level respondents was 125.

#### Comparison of 914X0 and 914X1 Specialties

The distinguishing factors between the 914X0 and 914X1 specialties were the Category II and III duties as depicted in Table 6. The specialized clinic procedures, the psychological testing, and the psychiatric social work were performed almost exclusively by the 914X0 personnel while the nursing procedures, the general ward services, and the specialized mental health ward procedures were performed almost exclusively by the 914X1 personnel. Table 7 provides a sample of specific tasks that differentiate between the two specialties. Only ten of 414 tasks were performed by 50 percent or more of the personnel in both specialties. These are listed in Table 8.

#### Summary

The analysis of DAFSC groups clearly reflects the job structure as discussed in the SPECIALTY STRUCTURE section of this report. The Category II and III duties are the primary distinguishing factors between the 914X0 and 914X1 specialties. In general, progression through skill levels leads to the expected increase in supervisory activities.



TABLE 6

## PERCENT TIME SPENT ON DUTIES BY DAFSC GROUPS

	91430 (N=30)	91450 (N=127)	91470 (N=57)	91451 (N=141)	91471 (N=23)	91491 (N=3)
<u>CATEGORY I: SUPERVISORY, TRAINING, AND ADMINISTRATIVE DUTIES</u>						
A. ORGANIZING AND PLANNING	3	4	7	2	9	13
B. DIRECTING AND IMPLEMENTING	4	5	9	3	10	19
C. INSPECTING AND EVALUATING	2	2	6	1	8	10
D. TRAINING	1	2	6	1	10	14
E. PERFORMING ADMINISTRATIVE AND RECORD KEEPING PROCEDURES	21	18	12	21	16	10
SUBTOTAL	31	31	40	28	53	66
<u>CATEGORY II: MENTAL HEALTH WARD DUTIES</u>						
F. PERFORMING NURSING PROCEDURES	4	1	0	14	7	0
G. PERFORMING GENERAL WARD SERVICES	1	1	0	10	5	0
J. PERFORMING SPECIALIZED MENTAL HEALTH WARD PROCEDURES	1	2	1	17	10	2
SUBTOTAL	6	4	1	41	22	2
<u>CATEGORY III: MENTAL HEALTH CLINIC DUTIES</u>						
K. PERFORMING SPECIALIZED MENTAL HEALTH CLINIC PROCEDURES	19	19	21	2	1	9
L. PERFORMING PSYCHOLOGICAL TESTING	21	22	14	1	1	6
M. PERFORMING PSYCHIATRIC SOCIAL WORK FUNCTIONS	7	9	10	1	2	5
SUBTOTAL	47	50	45	4	4	20
<u>CATEGORY IV: GENERAL MENTAL HEALTH DUTIES</u>						
H. PERFORMING GENERAL MENTAL HEALTH FACILITIES FUNCTIONS	5	4	3	10	7	2
I. PERFORMING THERAPY OR THERAPY RELATED PROCEDURES	11	11	11	17	14	10
SUBTOTAL	16	15	14	27	21	12
TOTAL	100	100	100	100	100	100

TABLE 7

SAMPLE OF DIFFERENTIATING TASKS PERFORMED BY 914X0 AND 914X1\* SPECIALTIES

TASKS	DAFSC 914X0	DAFSC 914X1*
E14 MAINTAIN MENTAL HEALTH CLINIC RECORDS	82	17
K1 COMPILE DATA FOR MENTAL HEALTH CLINIC ADMINISTRATIVE REPORTS	57	5
K28 PREPARE PRELIMINARY PSYCHOLOGICAL OR EVALUATION REPORTS FOR CLINICAL PSYCHOLOGISTS OR PSYCHIATRISTS	60	2
K33 SCHEDULE CLINIC APPOINTMENTS	80	8
L1 ADMINISTER BENDER GESTALT TESTS	54	3
L13 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES	83	8
L25 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES	62	3
M10 PARTICIPATE IN SCREENING SECURITY CLEARANCE APPLICANTS TO ASCERTAIN EMOTIONAL STABILITY	56	4
E40 PREPARE LABORATORY OR X-RAY FORMS	11	80
F30 OBTAIN CLEAN CATCH URINE SPECIMENS FOR CULTURE	5	66
F44 PREPARE PATIENTS FOR AIR EVACUATION	9	70
F53 TAKE AND RECORD BLOOD PRESSURE	7	86
G17 PREPARE, ASSEMBLE, OR ATTACH PATIENT ARMBANDS	4	78
H14 PREPARE ADMISSION NURSING NOTES	7	79
I2 ADMINISTER ORAL MEDICATIONS	9	64
I4 APPLY MECHANICAL RESTRAINTS SUCH AS LEATHER STRAPS OR SHEET RESTRAINTS TO PATIENTS	16	82
J2 CONDUCT GROUP THERAPY FOR WARD PATIENTS	8	69
J4 CONDUCT RECREATIONAL THERAPY FOR WARD PATIENTS	6	59

\* AFSC 91491 NOT INCLUDED

TABLE 8

TASKS PERFORMED BY 50 PERCENT OR MORE OF THE MEMBERS OF  
914X0 AND 914X1\* SPECIALTIES  
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 914X0	DAFSC 914X1*
B3 CONDUCT OR PARTICIPATE IN STAFF MEETINGS	78	78
E1 ASSEMBLE PATIENT CHARTS	61	90
H3 ATTEND IN-SERVICE EDUCATIONAL PROGRAMS	52	90
H15 TAKE INTAKE HISTORIES ON PATIENTS	66	72
I10 ESTABLISH PATIENT RAPPORT	69	89
I13 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S APPEARANCE SUCH AS MANNER OF DRESS	57	84
I14 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	52	88
I15 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	50	86
I17 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	54	72
I23 WRITE PROGRESS NOTES ON PATIENTS	50	73

\* AFSC 91491 EXCLUDED

## COMPARISON OF AFR 39-1 SPECIALTY DESCRIPTIONS TO SURVEY DATA

In conjunction with the analysis of DAFSC groups, a comparison was made between the DAFSC job descriptions compiled from survey data and specialty descriptions in AFR 39-1 for the 914X0 and 914X1 specialties.

### 914X0 Specialty Descriptions

In general, the AFR 39-1 specialty descriptions for the 914X0 specialty gave a thorough and accurate picture of the jobs and tasks being performed by 3-, 5-, and 7-skill level personnel. Exceptions involved the exclusion of several therapy related tasks and the task dealing with the maintenance of mental health clinic records. These tasks were performed by a majority of specialty personnel (See Table 9) and consideration should be given to including these tasks in the specialty descriptions during the next AFR 39-1 review.

### 914X1 Specialty Descriptions

While also generally thorough and accurate, some minor discrepancies were noted in the 914X1 specialty descriptions. Electroconvulsive treatment (ECT) is mentioned in AFR 39-1 as the example of special therapies with which specialty personnel assist. Results from a background item in the job inventory dealing with ECT indicated that this was not a widespread activity (22 percent performing). However, assistance with special therapies for such illnesses as depression, anxiety, and alcoholism were widely performed throughout the specialty and would serve as more representative examples of special therapies. The specialty descriptions also mention the participation in group therapy but omit the assistance with individual therapy which is performed by large numbers of specialty personnel. Finally, among the parameters for which measurements are made and recorded (i.e., temperature, pulse, respiration, and blood pressure), the parameter of weight should be included. Table 10 contains percent members performing statistics for the pertinent tasks mentioned above. Consideration should be given to reviewing these areas for inclusion in the next revision of AFR 39-1.

TABLE 9  
TASKS FOR CONSIDERATION FOR INCLUSION INTO 914X0 SPECIALTY DESCRIPTIONS  
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 91430 (N=30)	DAFSC 91450 (N=127)	DAFSC 91470 (N=57)
E14 MAINTAIN MENTAL HEALTH CLINIC RECORDS	80	83	79
I13 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S APPEARANCE SUCH AS MANNER OF DRESS	47	58	58
I14 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	47	54	54
K15 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR CLINIC PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	43	50	68
K16 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR CLINIC PATIENTS DISPLAYING SYMPTOMS OF DEPRESSION	43	51	67
K26 PERFORM OUTPATIENT SUPPORTIVE INDIVIDUAL THERAPY INDEPENDENTLY	43	54	72

TABLE 10

TASKS FOR CONSIDERATION FOR INCLUSION INTO 914X1 SPECIALTY DESCRIPTIONS  
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 91431 (N=31)	DAFSC 91451 (N=141)	DAFSC 91471 (N=23)
J3 CONDUCT INDIVIDUAL OR ONE-TO-ONE THERAPY WITH WARD PATIENTS	90	94	74
J19 PARTICIPATE IN DEVELOPING NURSING CARE OR THERAPY PLANS FOR WARD PATIENTS DISPLAYING SYMPTOMS OF ALCOHOLISM	74	70	52
J20 PARTICIPATE IN DEVELOPING NURSING CARE OR THERAPY PLANS FOR WARD PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	77	79	57
J21 PARTICIPATE IN DEVELOPING NURSING CARE OR THERAPY PLANS FOR WARD PATIENTS DISPLAYING SYMPTOMS OF DEPRESSION	77	79	61
F56 TAKE AND RECORD WEIGHTS	84	87	74

## ANALYSIS OF EXPERIENCE GROUPS

An analysis was also made comparing job differences among individuals grouped by experience level. Table 11 presents the average amount of time spent by members of different experience groups on tasks within each of the duty areas listed in the survey inventory. Normally totally active federal military service (TAFMS) is used as the measure of experience. However for the 914X0 specialty, months in the career ladder was found more accurate due to the high percentage (43 percent) of the respondents who had transferred to AFSC 914X0 from other specialties.

Very similar conclusions to those for DAFSC groups were noted in the analysis of experience groups. As expected, respondents in each successive experience group spent more time on the Category I supervision and training duties and less time across the board on the technical duties (Categories II, III, and IV) of their respective specialty. An exception to this pattern was in the 914X0 specialty where the more experienced technician spent somewhat more time on such specialized clinic procedures as performing outpatient supportive individual therapy, compiling data for clinic administrative reports, and developing therapy plans for clinic patients. They spent less time on psychological testing in general and less time on the particular administrative tasks of maintaining clinic records, maintaining appointment books, and assembling patient charts. Both specialties performed an increasing number of tasks with increasing experience.

Specific analysis of tasks performed by airmen in their first four years of experience revealed that 33 of the 414 tasks were performed by 50 percent or more of the 914X0 personnel and that 86 were performed by 50 percent or more of the 914X1 personnel. A representative sampling of these tasks are listed in Tables 12 and 13. The average number of tasks for the 914X0 first experience group was 77, and for the 914X1 first experience group 100. Only one item of equipment (typewriters) was used by 50 percent or more of the 914X0 first experience group, while 12 items were used or maintained by 50 percent of the 914X1 first experience group (See Table 14).

TABLE 11  
PERCENT TIME SPENT ON DUTIES BY EXPERIENCE GROUPS

	AFSC 914X0			AFSC 914X1		
	1ST 1-48 MOS (N=147)	2ND 49-96 MOS (N=46)	CAREER 97 + MOS (N=21)	1ST 1-48 MOS (N=134)	2ND 48-96 MOS (N=34)	CAREER 97 + MOS (N=27)
A. ORGANIZING AND PLANNING	4	6	8	2	4	8
B. DIRECTING AND IMPLEMENTING	5	6	10	2	5	9
C. INSPECTING AND EVALUATING	2	4	7	1	2	7
D. TRAINING	2	4	7	1	4	6
E. PERFORMING ADMINISTRATIVE AND RECORD KEEPING PROCEDURES	17	17	12	20	21	19
SUBTOTAL	30	37	44	26	36	49

CATEGORY I: SUPERVISORY TRAINING, AND ADMINISTRATIVE DUTIES

CATEGORY II: MENTAL HEALTH WARD DUTIES		
F. PERFORMING NURSING PROCEDURES	2	0
G. PERFORMING GENERAL WARD SERVICES	1	0
J. PERFORMING SPECIALIZED MENTAL HEALTH WARD PROCEDURES	2	1
SUBTOTAL	5	1

CATEGORY III: MENTAL HEALTH CLINIC DUTIES		
K. PERFORMING SPECIALIZED MENTAL HEALTH CLINIC PROCEDURES	18	21
L. PERFORMING PSYCHOLOGICAL TESTING	22	17
M. PERFORMING PSYCHIATRIC SOCIAL WORK FUNCTIONS	8	9
SUBTOTAL	48	47

CATEGORY IV: GENERAL MENTAL HEALTH DUTIES		
H. PERFORMING GENERAL MENTAL HEALTH FACILITIES FUNCTIONS	5	3
I. PERFORMING THERAPY OR THERAPY RELATED PROCEDURES	12	12
SUBTOTAL	17	15
TOTAL	100	100



TABLE 12

REPRESENTATIVE TASKS PERFORMED BY 914X0 PERSONNEL WITH 1-48  
MONTHS IN THE CAREER LADDER

TASK	PERCENT MEMBERS PERFORMING
L13 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	86
E14 MAINTAIN MENTAL HEALTH CLINIC RECORD	81
L67 SCORE MMPI	80
K33 SCHEDULE CLINIC APPOINTMENTS	80
E10 MAINTAIN CLINIC PATIENT APPOINTMENT BOOKS	71
H15 TAKE INTAKE HISTORIES ON PATIENTS	70
K31 RECEIVE CLINIC PATIENTS FOR APPOINTMENT FOR TREATMENT	70
I10 ESTABLISH PATIENT RAPPORT	68
E1 ASSEMBLE PATIENT CHARTS	66
M1 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS)	61
CONTACT COMMANDERS, HOSPITALS AND COMMUNITY SOCIAL SERVICE AGENCIES TO OBTAIN PERTINENT PATIENT INFORMATION	61
K32 RECORD SIGNIFICANT BEHAVIOR EXHIBITED BY CLINIC PATIENTS DURING TREATMENT	61
K29 PREPARE PRELIMINARY REPORTS ON RESULTS OF TESTS FOR CLINICAL PSYCHOLOGISTS OR PSYCHIATRISTS	59
E37 PREPARE HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE FORMS (SF FORM 600)	58
I20 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	57
L39 PERFORM DIAGNOSTIC IMPRESSIONS OF MMPI	57
I13 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	56
M14 SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL AND MEDICAL HISTORY	56
L1 ADMINISTER BENDER GESTALT TESTS	55
	54

TABLE 13

REPRESENTATIVE TASKS PERFORMED BY 914X1 PERSONNEL WITH 1-48 MONTHS OF TAEMS

TASK	PERCENT MEMBERS PERFORMING
F53 TAKE AND RECORD BLOOD PRESSURE	94
F54 TAKE AND RECORD RESPIRATIONS	94
J3 CONDUCT INDIVIDUAL OR ONE-TO-ONE THERAPY WITH WARD PATIENTS	92
E1 ASSEMBLE PATIENT CHARTS	90
E57 STAMP ADDRESSOGRAPH DATA ONTO MEDICAL FORMS	90
I14 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	90
I10 ESTABLISH PATIENT RAPPORT	88
G4 CONDUCT OR EXCHANGE SHIFT REPORTS	88
I15 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	87
J13 OBSERVE OR PARTICIPATE IN GROUP THERAPY FOR WARD PATIENTS	87
H9 ORIENT PATIENTS TO FACILITIES, ROUTINES, RULES, AND PROCEDURES	87
I4 APPLY MECHANICAL RESTRAINTS SUCH AS LEATHER STRAPS OR SHEET RESTRAINTS TO PATIENTS	84
G7 ENFORCE OR CHECK ON WARD VISITING POLICIES	80
E40 PREPARE LABORATORY OR X-RAY FORMS	80
J15 OBSERVE OR PARTICIPATE IN RECREATIONAL THERAPY FOR WARD PATIENTS	80
F42 PREPARE LABORATORY SLIPS FOR OR LABEL SPECIMENS	77
J21 PARTICIPATE IN DEVELOPING NURSING CARE OR THERAPY PLANS FOR WARD PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	79
E2 COMPLETE ADMISSION CARDS ON PATIENTS	75
E4 ESTABLISH OR MAINTAIN PATIENT SIGN-IN/OUT BOARD	70
H15 TAKE INTAKE HISTORIES ON PATIENTS	70

TABLE 14

REPRESENTATIVE EQUIPMENT USED OR OPERATED BY 914X1  
PERSONNEL WITH 1-48 MONTHS TAFMS

<u>EQUIPMENT</u>	<u>PERCENT MEMBERS OPERATING OR MAINTAINING</u>
RESTRAINTS	92
RESTRAINT KEYS	88
SCALES	84
ADDRESSOGRAPH/STAMP-PLATE MACHINES	82
STETHOSCOPES	81
CLINICAL THERMOMETER	71
REFRIGERATORS	70
NURSING SERVICE KARDEX	70
TAPE RECORDERS	60
SPHYGMOMANOMETERS	58
TYPEWRITERS	54
STRETCHERS, WHEELED	52
SEIZURE STICKS	46

## ANALYSIS OF CONUS/OVERSEAS DIFFERENCES

A comparison of tasks performed by 5-skill level incumbents assigned within the CONUS and those assigned overseas was made for the mental health specialties. Table 15 lists the average amount of time spent on tasks within each of the duty areas by CONUS and overseas groups.

Analysis of the 91450 groups disclosed that while CONUS and overseas groups performed nearly identical tasks, there were differences in the percent time spent on some of those tasks. The overseas group spent more time on the administrative procedures of maintaining mental health clinic records, maintaining clinic patient appointment books, and assembling patient charts; more time on the specialized clinic procedures of scheduling appointments, receiving patients for treatment, and performing outpatient supportive individual therapy; and less time in general on the psychological testing tasks. Discussion with personnel in the field indicated that the differences in time spent could be attributed to the proportionally greater number of small clinics overseas. Such a circumstance would result in more time spent on those particular administrative and specialized clinic tasks identified above and would provide less opportunity for testing patients assigned to inpatient settings (i.e. at larger medical facilities). The CONUS group performed an average of 80 tasks while the overseas group performed an average of 74 tasks. The overseas group averaged 18 more months in the specialty and 15 more months TAFMS than the CONUS group.

Analysis of the 914X1 specialty indicated that both the tasks and the time spent on tasks were practically identical for the CONUS and overseas groups. The overseas group spent a little more time on such specialized ward procedures as the development of nursing care of therapy plans for alcoholism, conducting group therapy, and conducting recreational therapy. The CONUS group performed an average of 107 tasks while the overseas group performed an average of 115 tasks. The overseas group averaged 25 more months in the specialty and 27 more months TAFMS than the CONUS group.

TABLE 15

## PERCENT TIME SPENT ON DUTIES BY CONUS AND OVERSEAS GROUPS

CATEGORY I: SUPERVISORY, TRAINING, AND ADMINISTRATIVE DUTIES	DAFSC 91450 ASSIGNED TO CONUS (N=98)		DAFSC 91450 ASSIGNED OVERSEAS (N=28)		DAFSC 91451 ASSIGNED TO CONUS (N=95)		DAFSC 91451 ASSIGNED OVERSEAS (N=46)	
A. ORGANIZING AND PLANNING	4		3		3		2	
B. DIRECTING AND IMPLEMENTING	5		4		3		3	
C. INSPECTING AND EVALUATING	2		2		1		1	
D. TRAINING	2		2		1		2	
E. PERFORMING ADMINISTRATIVE AND RECORD KEEPING PROCEDURES	17		20		21		20	
SUBTOTAL	30		31		29		28	
CATEGORY II: MENTAL HEALTH WARD DUTIES								
F. PERFORMING NURSING PROCEDURES	1		3		14		13	
G. PERFORMING GENERAL WARD SERVICES	1		0		9		10	
J. PERFORMING SPECIALIZED MENTAL HEALTH WARD PROCEDURES	2		0		16		19	
SUBTOTAL	4		3		39		42	
CATEGORY III: MENTAL HEALTH CLINIC DUTIES								
K. PERFORMING SPECIALIZED MENTAL HEALTH CLINIC PROCEDURES	17		25		3		2	
L. PERFORMING PSYCHOLOGICAL TESTING	23		19		1		1	
M. PERFORMING PSYCHIATRIC SOCIAL WORK FUNCTIONS	9		9		1		1	
SUBTOTAL	49		53		5		4	
CATEGORY IV: GENERAL MENTAL HEALTH DUTIES								
H. PERFORMING GENERAL MENTAL HEALTH FACILITIES FUNCTIONS	5		3		10		9	
I. PERFORMING THERAPY OR THERAPY RELATED PROCEDURES	12		10		17		17	
SUBTOTAL	17		13		27		26	
TOTAL	100		100		100		100	

## ANALYSIS OF TASK DIFFICULTY

From the listing of airmen identified to receive the occupational survey inventory, incumbents from various commands and locations who held a 7- or 9-skill level DAFSC and PAFSC were identified to also receive a task difficulty booklet. This booklet contained only the duty/task list section of the original occupational survey inventory. The survey respondent was instructed to rate all of the tasks on a nine-point scale from extremely low to extremely high, with difficulty being defined as the length of time it requires an average incumbent to learn to do the task. Interrater agreement (as assessed through components of variance of standardized group means) among the 51 raters who returned booklets was .96. Ratings were adjusted so that tasks of average difficulty have ratings of 5.00.

A listing of representative tasks rated above average in difficulty is given in Table 16. Generally, the tasks rated most difficult were those related to the duties of psychological testing, specialized clinic procedures, specialized ward procedures, and psychiatric social work functions. Also included were several tasks related to supervision and training.

Table 17 provides a listing of representative tasks rated below average in difficulty. These tasks are generally related to the duties of nursing, general ward services, general facilities functions, and administrative and record keeping procedures.

### Job Difficulty Index (JDI)

Having computed the task difficulty index for each inventory item, it was then possible to compute a Job Difficulty Index (JDI) for the functional groups identified in the survey analysis. The index provides a relative measure of which jobs, when compared to other jobs identified in the analysis, are more or less difficult. The JDI is based on an equation using number of tasks performed and the average difficulty per unit time spent. The indices are then adjusted so that the average job difficulty index is 13.00. The JDI was computed for the three major job groups identified in the specialty structure, and this information is presented in Table 18.

The Mental Health Clinic Personnel's job difficulty is notably higher than that of the other job groups, reflecting their performance of the more difficult duties of psychological testing, specialized clinic functions, and psychiatric social work.

TABLE 16

## REPRESENTATIVE TASKS RATED ABOVE AVERAGE IN DIFFICULTY

TASKS	DIFFICULTY INDEX	AFSC	
		914X0	914X1*
L45 PERFORM DIAGNOSTIC IMPRESSIONS OF RORSCHACH INKBLOT TECHNIQUES	7.32	13	0
K26 PERFORM OUTPATIENT SUPPORTIVE INDIVIDUAL THERAPY INDEPENDENTLY	6.70	57	6
L39 PERFORM DIAGNOSTIC IMPRESSIONS OF MMPI	6.68	55	2
K28 PREPARE PRELIMINARY PSYCHOLOGICAL OR EVALUATION REPORTS FOR CLINICAL PSYCHOLOGISTS OR PSYCHIATRISTS	6.27	60	2
J2 CONDUCT GROUP THERAPY FOR WARD PATIENTS	6.24	10	73
I5 CONDUCT OR PARTICIPATE IN CRISIS INTERVENTION THERAPY WITH PATIENTS	6.16	51	54
C17 WRITE STAFF STUDIES, SURVEYS, OR SPECIAL REPORTS	6.12	16	11
J10 DEVELOP NURSING CARE OR THERAPY PLANS FOR WARD PATIENTS DISPLAYING SYMPTOMS OF DRUG ADDICTION	6.06	6	49
J3 CONDUCT INDIVIDUAL OR ONE-TO-ONE THERAPY WITH WARD PATIENTS	6.00	14	91
A1 ACT AS TRAINING ADVISOR AT STAFF LEVEL	5.92	23	24
J7 DEVELOP NURSING CARE OR THERAPY PLANS FOR WARD PATIENTS DISPLAYING SYMPTOMS OF ALCOHOLISM	5.86	8	56
H15 TAKE INTAKE HISTORIES ON PATIENTS	5.72	66	72
M10 PARTICIPATE IN SCREENING SECURITY CLEARANCE APPLICANTS TO ASCERTAIN EMOTIONAL STABILITY	5.68	56	4
B14 PERFORM AS LIAISON BETWEEN UNIT AND OTHER BASE AGENCIES	5.55	46	17
B4 COUNSEL SUBORDINATES	5.47	42	35
J1 ASSIST PATIENTS IN MAINTAINING PATIENT GOVERNMENT SYSTEMS	5.19	8	69

\* EXCLUDES AFSC 91491

TABLE 17

REPRESENTATIVE TASKS RATED BELOW AVERAGE IN DIFFICULTY

TASKS	DIFFICULTY INDEX	AFSC 914X0	AFSC 914X1*
I18 PERFORM MANUAL RESTRAINTS ON PATIENTS	4.97	15	74
L20 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	4.88	50	4
H14 PREPARE ADMISSION NURSING NOTES	4.81	8	80
L13 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	4.65	83	8
I13 OBSERVE AND RECORD OBSERVATIONS IN PATIENT'S APPEARANCE SUCH AS MANNER OF DRESS	4.52	57	84
E11 MAINTAIN LABORATORY REPORT DISPLAY FORMS	4.22	54	15
I2 ADMINISTER ORAL MEDICATIONS	4.21	9	64
E10 MAINTAIN CLINIC PATIENT APPOINTMENT BOOKS	4.09	72	14
E1 ASSEMBLE PATIENT CHARTS	3.99	61	90
K33 SCHEDULE CLINIC APPOINTMENTS	3.86	80	8
F53 TAKE AND RECORD BLOOD PRESSURE	3.77	13	92
F55 TAKE AND RECORD TEMPERATURES	3.57	10	91
G1 CLEAN NURSING AREAS OR TREATMENT ROOMS	3.05	6	78
E57 STAMP ADDRESSOGRAPH DATA ONTO MEDICAL FORMS	2.79	17	88
G17 PREPARE, ASSEMBLE, OR ATTACH PATIENT ARMBANDS	2.77	4	79
F1 ADMINISTER BED PANS OR URINALS	2.57	4	49

\* EXCLUDES AFSC 91491



TABLE 18  
JOB DIFFICULTY INDICES FOR SPECIALTY JOB GROUPS

GROUPS	JOB DIFFICULTY INDEX*
I. MENTAL HEALTH CLINIC PERSONNEL (GRP021)	14.3
II. MENTAL HEALTH WARD PERSONNEL (GRP011)	12.9
III. MENTAL HEALTH SUPERVISORS (GRP028)	12.5

\* AVERAGE DIFFICULTY 13.0

## COMPARISON OF SPECIALTY TRAINING STANDARD TO SURVEY DATA

A review of the Specialty Training Standard (STS) for the respective specialties was made by comparing survey data to STS items. Survey tasks were matched to specific STS paragraphs by subject-matter specialists from Wilford Hall Medical Center, Lackland AFB, Texas for the 914X0 STS and from the School of Health Care Sciences, Sheppard AFB, Texas for the 914X1 STS. Those STS paragraphs containing general information or having only subject knowledge proficiency level requirements were not evaluated.

### 914X0 STS

The STS for AFSC 914X0, dated October 1976, was found to be very accurate in terms of the tasks performed by the specialty. The only considerations from the survey data for future STS revision would be in regards to three psychological tests not presently listed in the STS, but which were found to be administered by more than a quarter of the specialty personnel. These tests were (1) the Bloom Sentence Completion Survey (29 percent), (2) the Memory for Designs Test (28 percent), and (3) the Sixteen Personality Factor Test (29 percent).

### 914X1 STS

The 914X1 STS, dated June 1976, likewise provided an excellent description of the tasks performed by the specialty. Here, the performance of only one task not presently referenced in the STS would be of possible concern for future STS review. That task was "the counseling of patients regarding medical separation programs" and was performed by 28 percent of the specialty.

## COMPARISON OF CURRENT SURVEY TO PREVIOUS SURVEY

Current results were compared with those of Occupational Survey Report 90-914-093, dated 15 February 1973, for the 914X1 specialty. No previous survey has been conducted on the 914X0 career ladder.

In making the comparison, several observations were noted. The current survey inventory included five additional duty areas and 184 more tasks than the 1973 survey. Further, some tasks which had been grouped under one duty heading in the older survey were reordered under different duty headings in the newer survey. In addition, general tasks from the previous survey (e.g., Admit Patients) were divided into several more definitive tasks for the current survey. Consequently, response patterns between current and previous survey respondents could not be matched in detail.

Table 19 presents a comparison of basic background information for the 1973 and 1978 survey groups. The table indicates that the manning for the specialty has decreased by 12 percent since 1973 and that respondents in the current survey are more experienced, having 17 percent more time in the career field and 19 percent more time TAFMS. However, the specialty has remained stable in terms of distribution of personnel throughout the DAFCs, average grade level, and average education level.

Specific findings regarding the comparison of job structures are as follows:

1. The basic job of the specialty as a whole has remained relatively stable. Specialty personnel continued to spend large amounts of time on specialized ward procedures and on administration and record keeping procedures. While more specialty personnel performed the various nursing tasks (Duty F), less time was spent across the specialty on those tasks. A comparison of tasks with the highest percentages of members performing for each survey sample is provided in Tables 20 and 21.

2. The 1973 survey identified a group of technicians who spent "over 50 percent of their time in the supervisory duty area." The group was also identified in the 1978 study and constituted part of the Mental Health Supervisors cluster described in the Specialty Structure section of this report.

3. The 1978 sample of the specialty comprised a more homogeneous group. In the 1973 study, three small groups consisting of 15 percent of the sample were identified which exhibited concentrated performance of administrative functions, nursing procedures, and specialized ward procedures, respectively. In the current survey, those job functions were found to be spread more evenly throughout the specialty.

4. The current survey identified personnel within the specialty who were more specifically involved with drug and alcohol rehabilitation and which had not been identified in the previous survey. These personnel, however, still performed the same basic job functions of the specialty as a whole and their differences were too minor to justify reporting separately.

TABLE 19

COMPARISON OF BACKGROUND INFORMATION FOR 914X1 RESPONDENTS  
FROM CURRENT AND PREVIOUS SURVEYS

	<u>1973</u>	<u>1978</u>
NUMBER ASSIGNED TO AFSC	317	278
NUMBER SAMPLED	190	200
PERCENT SAMPLED	60	72
NUMBER OF DAFSC 91431	28	31
NUMBER OF DAFSC 91451	140	141
NUMBER OF DAFSC 91471	21	23
NUMBER OF DAFSC 91491	1	3
AVERAGE NUMBER MONTHS IN CAREER FIELD	41	48
AVERAGE NUMBER MONTHS TAFMS	47	56
AVERAGE GRADE LEVEL	E-4	E-4
AVERAGE EDUCATION LEVEL (YEARS)	13	13

TABLE 20

COMPARISON OF 1978 SAMPLE TO TASKS WITH HIGHEST PERCENTAGES OF  
MEMBERS PERFORMING OF THE 1973 SAMPLE

1973 TASKS	1973 SAMPLE	1978 SAMPLE
G1 ADMIT PATIENTS TO WARDS	88	*
H22 OBSERVE OR RECORD PATIENTS BEHAVIOR ON WARD	86	88
F53 TAKE OR RECORD TEMPERATURES	85	91
E1 ASSEMBLE PATIENT CHARTS	85	90
B2 CONDUCT OR PARTICIPATE IN STAFF MEETINGS	84	78
F52 TAKE OR RECORD RESPIRATIONS	84	92
F6 ADMINISTER ORAL MEDICATIONS	83	60

TABLE 20

COMPARISON OF 1973 SAMPLE TO TASKS WITH HIGHEST PERCENTAGES OF  
MEMBERS PERFORMING OF THE 1978 SAMPLE

1978 TASKS	1978 SAMPLE	1973 SAMPLE
F54 TAKE AND RECORD RESPIRATIONS	92	84
F53 TAKE AND RECORD BLOOD PRESSURE	92	**
J3 CONDUCT INDIVIDUAL OR ONE-TO-ONE THERAPY WITH WARD PATIENTS	91	***
F55 TAKE AND RECORD TEMPERATURES	91	85
E1 ASSEMBLE PATIENTS CHARTS	90	85
H5 ATTEND IN-SERVICE EDUCATION PROGRAMS	90	**
I10 ESTABLISH PATIENT RAPPORT	89	***
I14 OBSERVE AND RECORD PATIENTS BEHAVIOR IN THE TREATMENT FACILITY	88	86
* TASK NOT INCLUDED IN 1978 SURVEY		
** DATA NOT REPORTED		
*** TASK NOT INCLUDED IN 1973 SURVEY		

## DISCUSSION

Based on actual task similarities, the grouping of the clinic personnel into one job group, the ward personnel into another, and upper-level supervisory personnel into a third strongly supports the existence of two separate specialties with a common 9-skill level. The analysis, therefore, tends to validate the existing mental health classification structure, and no implications were seen for future classification changes.

In general, duties performed by skill level and experience groups follow fairly predictable trends. With increasing experience, specialty members spend more and more time on supervisory tasks while still attending to a wide spectrum of technical tasks. Job interest is high among specialty members, with more than 75 percent of each job group finding their job interesting.

Specialty documents (AFR 39-1 and STSs) were found to be thorough and accurate with one notable exception. The specialty descriptions for the clinic specialty (914X0) omitted the performance of several therapy related tasks performed by a majority of the Mental Health Clinic personnel.

## APPENDIX A

## REPRESENTATIVE TASKS PERFORMED BY MENTAL HEALTH CLINIC PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING
L13 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	92
E14 EVALUATE OJT TRAINEES	91
K33 SCHEDULE CLINIC APPOINTMENTS	91
L67 SCORE MMPI	86
E10 MAINTAIN CLINIC PATIENT APPOINTMENT BOOKS	81
I10 ESTABLISH PATIENT RAPPORT	74
K32 RECORD SIGNIFICANT BEHAVIOR EXHIBITED BY CLINIC PATIENTS DURING TREATMENT	72
M1 CONTACT COMMANDERS, HOSPITALS AND COMMUNITY SOCIAL SERVICE AGENCIES TO OBTAIN PERTINENT PATIENT INFORMATION	71
H15 TAKE INTAKE HISTORIES ON PATIENTS	70
L25 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS)	70
K28 PREPARE PRELIMINARY PSYCHOLOGICAL OR EVALUATION REPORTS FOR CLINICAL PSYCHOLOGISTS OR PSYCHIATRISTS	68
L79 SCORE WAIS	67
K26 PERFORM OUTPATIENT SUPPORTIVE INDIVIDUAL THERAPY INDEPENDENTLY	66
M14 SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL AND MEDICAL HISTORY	65
K16 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR CLINIC PATIENTS DISPLAYING SYMPTOMS OF DEPRESSION	65
K15 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR CLINIC PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	65



## REPRESENTATIVE TASKS PERFORMED BY MENTAL HEALTH WARD PERSONNEL

TASK	PERCENT MEMBERS PERFORMING
J3 CONDUCT INDIVIDUAL OR ONE-TO-ONE THERAPY WITH WARD PATIENTS	97
F55 TAKE AND RECORD TEMPERATURES	95
F53 TAKE AND RECORD BLOOD PRESSURE	95
I10 ESTABLISH PATIENT RAPPORT	94
F54 TAKE AND RECORD RESPIRATIONS	94
I9 ENCOURAGE PATIENT ATTENDANCE AND INTERACTION AT ACTIVITIES	93
I14 OBSERVE AND RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	92
E57 STAMP ADDRESSOGRAPH DATA ONTO MEDICAL FORMS	91
J13 OBSERVE OR PARTICIPATE IN GROUP THERAPY FOR WARD PATIENTS	90
I16 OBSERVE PATIENTS FOR SIDE REACTIONS, COMPLICATIONS, OR THERAPEUTIC EFFECTS OF CHEMOTHERAPY AND RECORD OBSERVATIONS	88
F56 TAKE AND RECORD WEIGHTS	88
H14 PREPARE ADMISSION NURSING NOTES	84
E40 PREPARE LABORATORY OR X-RAY FORMS	83
G1 CLEAN NURSING AREAS OR TREATMENT ROOMS	82
J21 PARTICIPATE IN DEVELOPING NURSING CARE OR THERAPY PLANS FOR WARD PATIENTS	
DISPLAYING SYMPTOMS OF DEPRESSION	
G17 PREPARE, ASSEMBLE, OR ATTACH PATIENT ARMBOARDS	81
	81

## REPRESENTATIVE TASKS PERFORMED BY MENTAL HEALTH SUPERVISORS

TASK	PERCENT MEMBERS PERFORMING
B3 CONDUCT OR PARTICIPATE IN STAFF MEETINGS	100
B4 COUNSEL SUBORDINATES	100
B12 INTERPRET POLICIES, DIRECTIVES, OR PROCEDURES FOR SUBORDINATES	92
B7 DRAFT CORRESPONDENCE	92
C15 WRITE AIRMEN PERFORMANCE REPORTS (APR)	92
C6 EVALUATE INSPECTION REPORTS OR PROCEDURES	92
A9 ESTABLISH REQUIREMENTS FOR SPACE, PERSONNEL, EQUIPMENT, OR SUPPLIES	92
D9 DETERMINE TRAINING REQUIREMENTS	85
D4 CONDUCT ORIENTATION OF NEWLY ASSIGNED PERSONNEL	85
C1 ADMINISTER OR SCORE TESTS FOR ON-THE-JOB TRAINING (OJT) OR FORMAL TRAINING	65
A7 ESTABLISH OR IMPROVE WORK METHODS OR PROCEDURES	85
A12 PLAN OR SCHEDULE WORK ASSIGNMENTS	85
A2 ASSIGN PERSONNEL TO DUTY POSITIONS	85